

**EMERSON COLLEGE**  
**HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS**  
**Staff (excluding Casual Staff) and Full-Time Faculty**  
**January 1 through December 31, 2025**

	Semi-Monthly	Weekly
<b>HEALTH:</b>		
<b>HP HMO *</b>		
INDIVIDUAL	\$ 116.31	\$ 53.68
INDIVIDUAL + 1	\$ 279.13	\$ 128.83
FAMILY	\$ 371.22	\$ 171.33
<b>HP PPO</b>		
INDIVIDUAL	\$ 137.28	\$ 63.36
INDIVIDUAL + 1	\$ 329.46	\$ 152.06
FAMILY	\$ 438.15	\$ 202.22
<b>HP HIGH DEDUCTIBLE PPO</b>		
INDIVIDUAL	\$ 112.43	\$ 51.89
INDIVIDUAL + 1	\$ 269.84	\$ 124.54
FAMILY	\$ 358.86	\$ 165.63
<b>DENTAL:</b>		
<b>DELTA BASE PLAN</b>		
INDIVIDUAL	\$0	\$0
INDIVIDUAL + 1	\$ 22.48	\$ 10.37
FAMILY	\$ 49.30	\$ 22.75
<b>DELTA BUY UP PLAN</b>		
INDIVIDUAL	\$ 2.81	\$ 1.29
INDIVIDUAL + 1	\$ 31.73	\$ 14.64
FAMILY	\$ 59.20	\$ 27.32
<b>VISION / EYEMED</b>		
INDIVIDUAL	\$ 4.09	\$ 1.89
INDIVIDUAL + 1	\$ 7.76	\$ 3.58
FAMILY	\$ 11.40	\$ 5.26

*\*The HMO is not available to employees living outside the HMO service area (New England excluding CT)*